

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

\$ 1500  
Imp \$ 100.00

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Received  
APR 07 2016  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 16-0074  
Date: 5-2-16  
Amount Paid: \$175  
Refund: 5-2-16

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

|  |  |  |                                   |  |  |  |                                 |  |
|--|--|--|-----------------------------------|--|--|--|---------------------------------|--|
| TYPE OF PERMIT REQUESTED →   |  | <input checked="" type="checkbox"/> LAND USE   | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY                       | <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> SPECIAL USE   | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER   |
| Owner's Name:  |  | Mailing Address:   |                                   | City/State/Zip:                                      |  | Telephone:   |                                 |  |
| Address of Property:   |  | 1180 S Shore Rd  |                                   | 1180 S Shore Rd                                      |  | 715-795-3190   |                                 |  |
| Contractor:  |  | Contractor Phone:  |                                   | Plumber:   |  | Plumber Phone:   |                                 |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  | Agent Phone:   |                                   | Agent Mailing Address (include City/State/Zip):      |  | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No             |                                 |  |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement)   |                                   | PIN: (23 digits)<br>04-004-2-44-09-19-2-05-03-100000 |  | Recorded Document (i.e. Property Ownership)<br>Volume 1147 Page(s) 924                                 |                                 |  |
| 1/4, 1/4   |  | Gov't Lot  | Lot(s)                            | CSM  | Vol & Page                               | Lot(s) No.   | Block(s) No.                    | Subdivisions:  |
| Section _____, Township _____, N. Range _____, W.                    |  | 3  | 1                                 | 1/2  | 50                                       |  |                                 | Lot Size<br>2378' x 1814' = 4325   |
| <input checked="" type="checkbox"/> Shoreland →                      |  | <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or landward side of Floodplain? If yes—continue → |                                   | Distance Structure is from Shoreline: 192 feet       |  | Is Property in Floodplain Zone?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                 | Are Wetlands Present?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Non-Shoreland                               |  | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →  |                                   | Distance Structure is from Shoreline: _____ feet     |  |  |                                 |  |

|  |   |  |   |   |  |   |
|--|---|--|---|---|--|---|
| Value at Time of Completion<br>* include donated time & material | Project   | # of Stories and/or basement   | Use   | # of bedrooms   | What Type of Sewer/Sanitary System is on the property?   | Water   |
| \$ 7600.00   | <input type="checkbox"/> New Construction<br><input checked="" type="checkbox"/> Addition/Alteration<br><input type="checkbox"/> Conversion<br><input type="checkbox"/> Relocate (existing bldg)<br><input type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> 1-Story<br><input type="checkbox"/> 1-Story + Loft<br><input type="checkbox"/> 2-Story<br><input type="checkbox"/> Basement<br><input type="checkbox"/> Foundation | <input type="checkbox"/> Seasonal<br><input checked="" type="checkbox"/> Year Round<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input checked="" type="checkbox"/> 3<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ | <input type="checkbox"/> Municipal/City<br><input type="checkbox"/> (New) Sanitary<br><input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____<br><input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)<br><input type="checkbox"/> Portable (w/service contract)<br><input type="checkbox"/> Compost Toilet<br><input type="checkbox"/> None | <input type="checkbox"/> City<br><input checked="" type="checkbox"/> Well<br><input type="checkbox"/> _____ |

|   |             |            |             |
|---|-------------|------------|-------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 36' | Width: 26' | Height: 23' |
| Proposed Construction:  | Length: 8'  | Width: 16' | Height: 23' |

|   |  |  |                            |
|---|--|--|----------------------------|
| Proposed Use  | Proposed Structure   | Dimensions   | Square Footage             |
| <input checked="" type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> Principal Structure (first structure on property)<br><input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)<br>with Loft<br>with a Porch<br>with (2nd) Porch<br>with a Deck<br>with (2nd) Deck<br>with Attached Garage | (26' x 36')<br>( )<br>( )<br>( )<br>( )<br>(12' x 36')<br>( )<br>( ) | 910<br><br><br><br><br>432 |
| <input type="checkbox"/> Commercial Use             | Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)  | ( )<br>( )<br>( )  | ( )<br>( )<br>( )          |
| <input type="checkbox"/> Rec'd for Issuance         | Mobile Home (manufactured date)  | ( )<br>( )<br>( )  | ( )<br>( )<br>( )          |
| <input type="checkbox"/> Municipal Use              | Addition/Alteration (specify): <u>Class 15 Skus</u>  | (8' x 16')   | 128                        |
| <input type="checkbox"/> Accessory Building         | Accessory Building (specify)   | ( )<br>( )<br>( )  | ( )<br>( )<br>( )          |
| <input type="checkbox"/> Secretarial Staff          | Accessory Building Addition/Alteration (specify)   | ( )<br>( )<br>( )  | ( )<br>( )<br>( )          |
| <input type="checkbox"/> Rec'd for Issuance         | Special Use: (explain)   | ( )<br>( )<br>( )  | ( )<br>( )<br>( )          |
| <input type="checkbox"/> APR 27 2016                | Conditional Use: (explain)   | ( )<br>( )<br>( )  | ( )<br>( )<br>( )          |
| <input type="checkbox"/> Secretarial Staff          | Other: (explain)   | ( )<br>( )<br>( )  | ( )<br>( )<br>( )          |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it is relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Bayfield County Date 4/7/2016  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

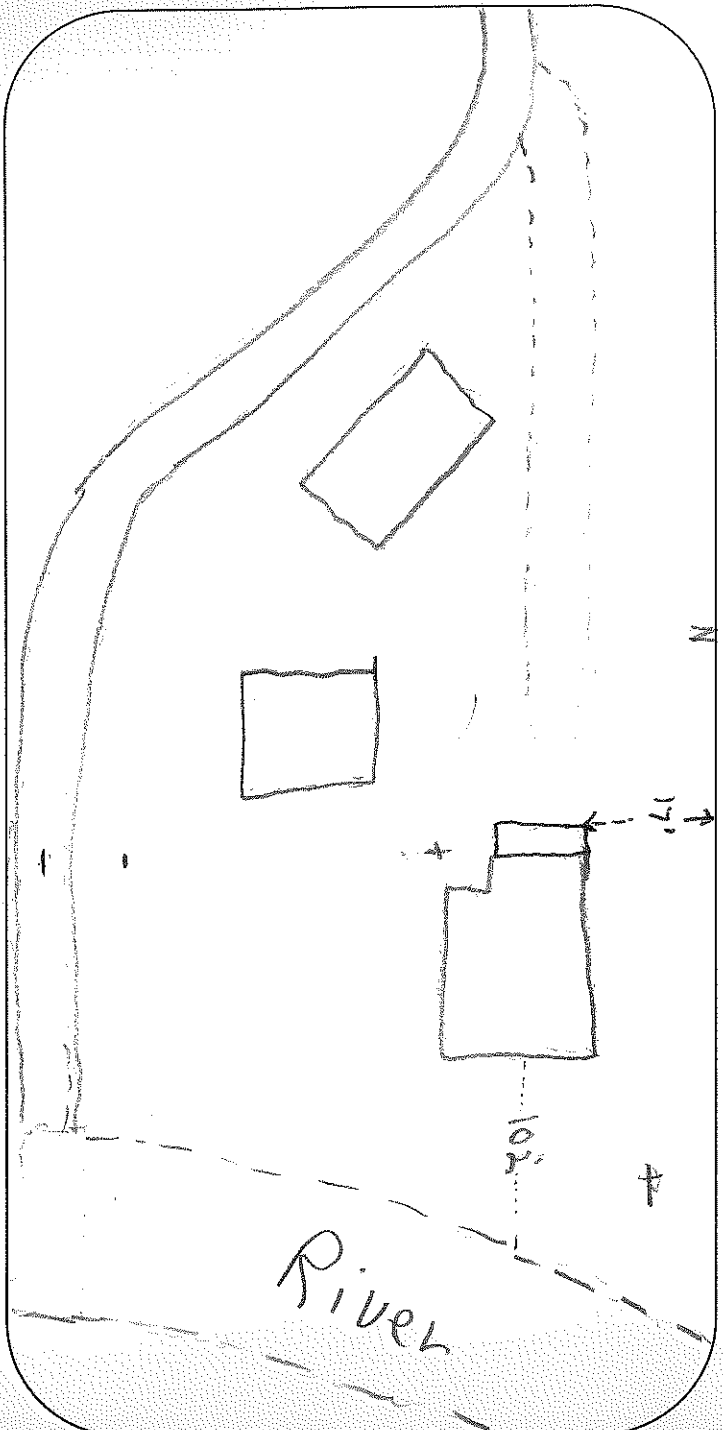
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: \_\_\_\_\_ Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

NO CALCULATIONS ATTACHED - TAX STATEMENT.  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description                                 | Measurement | Description                                      | Measurement   |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 199 Feet    | Setback from the Lake (ordinary high-water mark) |   |
| Setback from the Established Right-of-Way   | 161 Feet    | Setback from the River, Stream, Creek            | 126 Feet  |
| Setback from the North Lot Line             | 17 Feet     | Setback from the Bank or Bluff                   |   |
| Setback from the South Lot Line             | 128 Feet    | Setback from Wetland                             |   |
| Setback from the West Lot Line              | 138 Feet    | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line              | 126 Feet    | Elevation of Floodplain                          |   |
| Setback to Septic Tank or Holding Tank      | 5 Feet      | Setback to Well                                  | 66 Feet   |
| Setback to Drain Field                      | 28 Feet     |  |   |
| Setback to Privy (Portable, Composting)     |             |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| <b>Issuance Information (County Use Only)</b>  |   | Sanitary Number: <u>264128</u>                     | # of bedrooms: _____  | Sanitary Date: <u>6-96</u>  |   |
| Permit Denied (Date): _____  |   | Reason for Denial: _____                           |   |   |   |
| Permit #: <u>16-0074</u>   | Permit Date: <u>5-2-16</u>  |  |   |   |   |
| Is Parcel a Sub-Standard Lot   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is Mitigation Required                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership  | <input type="checkbox"/> Yes (Deed of Record)                       | Mitigation Attached                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.)            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #:   |   |
| Granted by Variance (B.O.A.)   | Case #:   | We're Property Lines Represented by Owner          | Was Property Surveyed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Was Parcel Legally Created   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |   |   |
| Was Proposed Building Site Delineated  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |   |   |
| Inspection Record: <u>07</u>   |   |  |   |   |   |
| Date of Inspection: <u>4-26-16</u>   | Inspected by: <u>globo</u>  |  |   |   |   |
| Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) |   |  |   |   |   |
| <u>Must get var if needed.</u>   |   |  |   |   |   |
| Signature of Inspector: <u>globo</u>   | Date of Approval: <u>4-27-16</u>                                    |  |   |   |   |
| Hold For Sanitary: <input type="checkbox"/> _____  | Hold For TBA: <input type="checkbox"/> _____                        | Hold For Affidavit: <input type="checkbox"/> _____ | Hold For Fees: <input type="checkbox"/> _____                       | <input type="checkbox"/> _____                                      |   |

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY WISCONSIN  
Date Rec'd MAY 04 2016  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 16-00880  
Date: 5-4-16  
Amount Paid: \$75  
Refund: 5-4-16

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

|  |  |   |                                   |                                |   |                                      |  |                                |
|--|--|---|-----------------------------------|--------------------------------|---|--------------------------------------|--|--------------------------------|
| TYPE OF PERMIT REQUESTED →   |  | <input checked="" type="checkbox"/> LAND USE  | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE              | <input type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A.  | <input type="checkbox"/> OTHER |
| Owner's Name:  |  | Jonathan + Judy Schuch  |                                   |                                | Mailing Address:                                      |                                      | City/State/Zip:  |                                |
| Address of Property:   |  | 4430 E. Robinson Lake Rd  |                                   |                                | City/State/Zip:                                       |                                      | Grand View, WI 54893   |                                |
| Contractor:  |  | Miller Construction   |                                   |                                | Contractor Phone:                                     |                                      | Plumber: n/a   |                                |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  |   |                                   |                                | Agent Phone:  |                                      | Agent Mailing Address (include City/State/Zip):  |                                |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement)  |                                   |                                | PIN: (23 digits)<br>04-004-2-45-09-34-3-04-000-360004 |                                      | Recorded Document: (i.e. Property Ownership)<br>Volume 1082 Page(s) 419                  |                                |
| S 1/4, S 1/4   |  | Gov't Lot   | Lot(s)                            | CSM                            | Vol & Page  | Lot(s) No.                           | Subdivision:   | Lot Size                       |
| Section _____, Township _____ N, Range _____ W                       |  | Twp of: Ranges  |                                   |                                | Lot Size  |                                      |  |                                |
| <input type="checkbox"/> Shoreland →                                 |  | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue → |                                   |                                | Distance Structure is from Shoreline: _____ feet      |                                      | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| <input checked="" type="checkbox"/> Non Shoreland                    |  | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →   |                                   |                                | Distance Structure is from Shoreline: _____ feet      |                                      | Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No           |                                |

|  |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| Value at Time of Completion<br>* include donated time & material | Project   | # of Stories and/or basement            | Use  | # of bedrooms                            | What Type of Sewer/Sanitary System is on the property?                 | Water                                    |
| \$ 6500 <sup>00</sup>  | <input type="checkbox"/> New Construction           | <input type="checkbox"/> 1-Story        | <input type="checkbox"/> Seasonal              | <input type="checkbox"/> 1               | <input type="checkbox"/> Municipal/City                                | <input type="checkbox"/> City            |
|  | <input type="checkbox"/> Addition/Alteration        | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2               | <input type="checkbox"/> (New) Sanitary                                | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                 | <input type="checkbox"/> 2-Story        | <input type="checkbox"/> _____                 | <input type="checkbox"/> 3               | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: ST |  |
|  | <input type="checkbox"/> Relocate (existing bldg)   | <input type="checkbox"/> Basement       | <input type="checkbox"/> _____                 | <input type="checkbox"/> 3               | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)       |  |
|  | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement    | <input checked="" type="checkbox"/> Foundation | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract)                 |  |
|  | <input type="checkbox"/> _____                      | <input type="checkbox"/> _____          | <input type="checkbox"/> _____                 | <input type="checkbox"/> _____           | <input type="checkbox"/> Compost Toilet                                |  |
|  |   |   |  |  | <input type="checkbox"/> None  |  |

|   |         |        |         |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: Pocka  | 12'     | 12'    |         |

|  |  |             |                |
|--|--|-------------|----------------|
| Proposed Use   | Proposed Structure   | Dimensions  | Square Footage |
| <input type="checkbox"/> Principal Structure (first structure on property) |  | ( ) X )     |                |
| <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)       |  | ( ) X )     |                |
| <input type="checkbox"/> with Loft   |  | ( ) X )     |                |
| <input checked="" type="checkbox"/> Residential Use                        | with a Porch   | ( ) X )     |                |
|  | with (2 <sup>nd</sup> ) Porch  | ( ) X )     |                |
|  | with a Deck  | ( ) X )     |                |
|  | with (2 <sup>nd</sup> ) Deck   | ( ) X )     |                |
| <input type="checkbox"/> Commercial Use                                    | with Attached Garage   | ( ) X )     |                |
|  | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( ) X )     |                |
| <input type="checkbox"/> Municipal Use                                     | Mobile Home (manufactured date)  | ( ) X )     |                |
|  | Addition/Alteration (specify) Pocka  | ( 12 X 12 ) | 144            |
|  | Accessory Building (specify)   | ( ) X )     |                |
|  | Accessory Building Addition/Alteration (specify)   | ( ) X )     |                |
|  | Special Use: (explain)   | ( ) X )     |                |
|  | Conditional Use: (explain)   | ( ) X )     |                |
|  | Other: (explain)   | ( ) X )     |                |
|  | Permit for Issuance  |             |                |
|  | MAY 04 2016  |             |                |
|  | Secretarial Staff  |             |                |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinance to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Judy Schuch Jan Schuch  
(If there are Multiple Owners listed on the Deed All Owners must sign or leave(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date 5-3-16

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit P.O. Box 122, Grand View WI 54893

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



See box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | 172 Feet    | Setback from the Lake (ordinary high-water mark) | NA Feet     |
| Setback from the Established Right-of-Way   | Feet        | Setback from the River, Stream, Creek            | Feet        |
| Setback from the North Lot Line             | 481 Feet    | Setback from the Bank or Bluff                   | Feet        |
| Setback from the South Lot Line             | 172 Feet    | Setback from Wetland                             | Feet        |
| Setback from the West Lot Line              | 175 Feet    | 20% Slope Area on property                       | Feet        |
| Setback from the East Lot Line              | 245 Feet    | Elevation of Floodplain                          | Feet        |
| Setback to Septic Tank or Holding Tank      | Feet        | Setback to Well                                  | 15 Feet     |
| Setback to Drain Field                      | 75 Feet     |  |             |
| Setback to Privy (Portable, Composting)     | Feet        |  |             |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|   |  |   |   |   |
|---|--|---|---|---|
| <b>Issuance Information (County Use Only)</b>   |  | Sanitary Number: 07-2235  | # of bedrooms:  | Sanitary Date: 2007   |
| Permit Denied (Date):   |  | Reason for Denial:  |   |   |
| Permit #: 16-0080   |  | Permit Date: 5-4-16   |   |   |
| Is Parcel a Sub-Standard Lot<br>Is Parcel in Common Ownership<br>Is Structure Non-Conforming  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record)<br><input type="checkbox"/> Yes <input type="checkbox"/> No (Used/Contiguous Lot(s)) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Granted by Variance (B.O.A.)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Case #:<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |
| Was Parcel Legally Created<br>Was Proposed Building Site Delineated   |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Were Property Lines Represented by Owner<br>Was Property Surveyed   |   |
| Inspection Record:<br>Deck is Area where pool will go   |  | Affidavit Required<br>Affidavit Attached  |   |   |
| Date of Inspection: 5-2-16  |  | Inspected by: [Signature]   |   |   |
| Conditions: Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached) |  | Zoning District (F1)  |   |   |
| Must get WDC  |  | Date of Re-Inspection:  |   |   |
| Signature of Inspector: [Signature]   |  | Date of Approval: 5-2-16  |   |   |
| Hold For Sanitary: <input type="checkbox"/>   |  | Hold For TBA: <input type="checkbox"/>  |   | Hold For Affidavit: <input type="checkbox"/>  |
|   |  | Hold For Fees: <input type="checkbox"/>   |   | <input type="checkbox"/>  |

the box be

